

much time to hysteria and its cognate hypnotism. We do not think, however, that the last word has yet been spoken on these important themes, and we hope sincerely that Brissaud will not let them drop entirely. An English writer has said recently that "hysteria is a by-word," and so it is in England for all that English observers have contributed to rescue it from such an ignominious reproach. Nevertheless it is a living reality, for which the French have done more than all others by giving it the place in nosology which it inevitably must forever retain.

We welcome Brissaud's work as a valuable addition to current neurological literature, and as a worthy product of the clinic from which it issues.

J. H. L.

ON THE RELATION OF DISEASES OF THE SPINAL CORD TO THE DISTRIBUTION AND LESIONS OF THE SPINAL BLOOD VESSELS. By R. T. WILLIAMSON, M.D., M.R.C.P., etc. H. K. Lewis, London, 1895.

There is every reason to believe that the distribution of the blood vessels in the spinal cord will soon hold as important a relation to the diseases of this part of the central nervous system, as the cerebral blood-vessels have long since held to diseases of the brain. In view of the importance of the subject Dr. Williamson has done well to reprint for wider circulation several papers which appeared in the *Medical Chronicle*. The author has stated very clearly the peculiarities of spinal blood supply as developed by the researches of Kadyi, Obersteiner and Adamkiewicz, and has made liberal use of the studies of Marie, Siemerling, Goldscheider, Gowers and others in support of views showing the dependence of poliomyelitis, of multiple sclerosis of transverse myelitis, and spinal syphilis upon the vascular conditions of the spinal cord. To these studies the author adds the reports of several spinal cords examined by himself.

The following are some of the points brought out in these lectures :

The transverse section of the cord may be divided into three arterial districts; 1, the inner part of the gray matter (with the exception of the posterior horn and the caput) which is supplied exclusively by the anterior median artery; 2, the superficial part of the white matter which is supplied by the peripheral arteries; 3, the peripheral part of the gray matter and the adjacent white matter which receive arteries from both the peripheral and central systems. Bifurcation of the anterior median artery at the bottom of the anterior median fissure is rare (Kadyi), which may help to explain the frequent unilateral character of the symptoms in poliomyelitis.

"Whilst the vascular distribution in the spinal cords is unfavorable to the occurrence of hemorrhage and embolism, it appears to be distinctly favorable to thrombosis." This view is supported by the report of an interesting case of spinal syphilis in which the blood vessels of the cord proper are thrombosed. The cord has a further interest since it proves that syphilitic diseases need not begin in the meninges. The writer adduces further evidence in support of the vascular origin of multiple sclerosis, a view that has obtained general credence in connection with Marie's theory of the infectious origin of multiple sclerosis.

The author is also in line with recent doctrines in considering the vascular origin of locomotor ataxia. "The changes in the cord in tabes are secondary to disease of the posterior nerve roots. . . . According to Obersteiner and Redlich, the disease of the posterior roots commences just at the point where they pass through the pia mater to enter

the cord and is the result of a chronic meningitis and arterial sclerosis at this region. . . . In the locomotor ataxia the changes in the cord, and in the posterior nerve roots also, occur first and are most marked in the lumbar region in the majority of cases. . . . This is the region most feebly supplied with blood. Further, the blood supply to the posterior part of the cord and posterior roots is probably feebler than that of the anterior parts."

The lectures are written in a commendable, direct, fashion. The argument is sound. To be sure, there is danger of over-stating the case as with regard to poliomyelitis, for instance. Distribution of the vessels alone will not help to explain all the symptoms, the widely distributed paralysis in the initial stages and the rapid recession and final limitation of the paralysis in many cases. The illustrations are serviceable.

B. SACHS.

THE EYE IN ITS RELATION TO HEALTH. By Chalmer Prentice, M.D., Chicago. A. C. McClurg & Company, 1895. 210 pages.

The title of this book is misleading, as the contents treats particularly of the eye in its relation to disease. It is evidently intended to attract the attention of the gullible public. No educated experienced physician would be willing to accept the assertions and doctrines therein contained, which are manifestly based upon an erroneous diagnosis, and an apparent ignorance of pathology.

The first sixty-eight pages are taken up by an elementary dissertation on the importance of "eye-strain" in the causation of diseased conditions, and in endeavoring to demonstrate that the normal action of every organ is directly dependent upon its motor nervous innervation.

The greater part of the remaining portion of the book contains a detailed report of twenty cases "cured" by either "repression" of vision by means of strong convex lenses or prisms, or by tenotomy of eye-muscles, or by all of these measures combined.

It is, however, magnanimously admitted, that "some cases are beyond or outside of its influence," and that "the failures are due to several causes, especially neglect to follow treatment."

In this report there are alleged cases of diabetes mellitus, melancholia, consumption, paralysis agitans of forty years' standing, and progressive atrophy of both optic nerves. Then follows a tabulated series of fifty-three cases, four being "very much improved" and the others "cured."

Among the latter are the following: Insanity of five years' duration (two cases); Bright's disease of two years' duration; paralysis, hemiplegia of twelve years' duration; cirrhosis of the liver of twelve years' duration; paralysis agitans of ten years' duration (two cases). This is certainly beyond the most extravagant claims of the ultra-devotees of "tenotomy" as a panacea. *Mirabile dictu*, the author does not claim to have resuscitated the dead. He seeks to circumvent and anticipate adverse criticism, in stating that "some months, or even a year and more ought to be spent in the experiments suggested in this work," and further adds, "for appreciative and valuable criticism, I turn to those only whose conclusions are always based on a thorough investigation of facts." Who is going to investigate *his* "facts" as to diagnosis of the disease previous to treatment?

No unprejudiced competent observer would hesitate in relegating these cases to the large class of "faulty methods in observation."

W. M. L.